



**APPLICATION  
TRASH CAPTURE  
SWQMP REVIEW  
E-23A**

**Development Services**  
**Land Development Engineering**  
1635 Faraday Avenue  
442-339-2750  
www.carlsbadca.gov

**Complete all appropriate information. Write N/A when not applicable.**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Address: \_\_\_\_\_

APN(s): \_\_\_\_\_ Property Acreage: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

I certify that I am the legal property owner and that all the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Civil Engineer: \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

State Registration Number: \_\_\_\_\_

*Required to be completed if property owner is other than individual*

Authorized Signatory for BMP Maintenance Agreement:

Name & Title of Signatory: \_\_\_\_\_

Name & Title of Signatory: \_\_\_\_\_

Signature Requirements for BMP Maintenance Agreement:

Corporation: One signature from EACH group. Group 1: chairman, president, vice president.

Group 2: corporate secretary, assistant corporate secretary, CFO, assistant treasurer. Corporation with a single signatory: Provide documentation as described below (in "LLC or Partnership").

LLC or Partnership: Attach official document (e.g., corporate resolution, operating agreement) identifying the signatory by name and title and verifying this person has sole authority to legally bind the entity.

Provide documentation for all related entities involved in this venture.

*This section to be completed by city personnel*

Project ID: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Planchecker: \_\_\_\_\_



# TRASH CAPTURE SWQMP SUBMITTAL CHECKLIST E-23A

**Development Services**  
**Land Development Engineering**  
1635 Faraday Avenue  
442-339-2750  
www.carlsbadca.gov

***The following items must be included in the submittal. Write N/A when not applicable.***

\*Thumb drives and CDs will not be accepted. For initial submittal, email [landdev@carlsbadca.gov](mailto:landdev@carlsbadca.gov) to coordinate PDF submittal. For re-submittal and final submittal, coordinate PDF submittal with the city's assigned planchecker. Trash capture SWQMP must be completed by appropriately licensed engineer.

## INITIAL SUBMITTAL CHECKLIST

- ☐ 1) This submittal checklist
- ☐ 2) Transmittal from engineer of work listing all items being submitted
- ☐ 3) Completed & signed city Trash Capture application form (see page 1)
- ☐ 4) 2 copies of Grant Deed of Property or preliminary Title Report
- ☐ 5) 2 copies of Trash Capture SWQMP & one PDF\*
- ☐ 6) 2 copies of Drainage Study & one PDF\* (if applicable)
- ☐ 7) SWQMP review fee
- ☐ 8) 2 copies of Signature Authority documentation (if applicable, see page 1)
- ☐ 9) Other: \_\_\_\_\_

City use only **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## RE-SUBMITTAL CHECKLIST

- ☐ 1) This submittal checklist
- ☐ 2) Transmittal from engineer of work listing all items being submitted
- ☐ 3) Copy of previous city transmittal letter
- ☐ 4) All previous checkprints of Trash Capture SWQMP
- ☐ 5) 2 copies of corrected Trash Capture SWQMP & one PDF\*
- ☐ 6) 2 copies of corrected Drainage Study & one PDF (if applicable)
- ☐ 7) Other: \_\_\_\_\_

City use only **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FINAL SUBMITTAL CHECKLIST

- ☐ 1) This submittal checklist
- ☐ 2) Transmittal from engineer of work listing all items being submitted
- ☐ 3) Copy of previous city transmittal letter
- ☐ 4) All previous checkprints of Trash Capture SWQMP
- ☐ 5) 2 copies of corrected & signed Trash Capture SWQMP & one PDF\*
- ☐ 6) 2 copies of corrected Drainage Study & one PDF (if applicable)
- ☐ 7) Original BMP maintenance agreement prepared by city staff properly executed and notarized
- ☐ 8) Payment of final fees. See enclosed invoice.
- ☐ 9) Completed Contractor Information (fill-in information below)
- ☐ 10) Other: \_\_\_\_\_

City use only **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Contractor:	_____	State License No.:	_____
		City Business License No.:	_____
Address:	_____	Suite:	_____
City:	_____	State:	_____
		Zip:	_____